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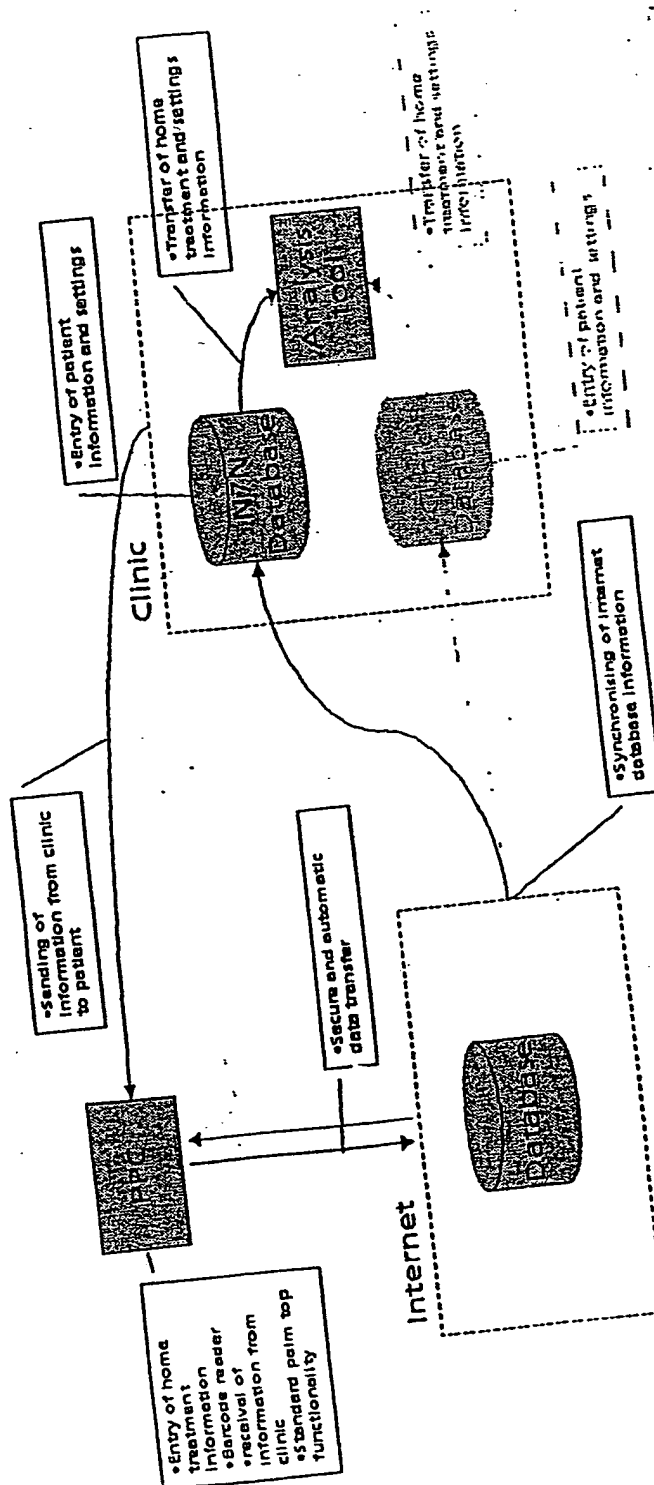
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Figure 1



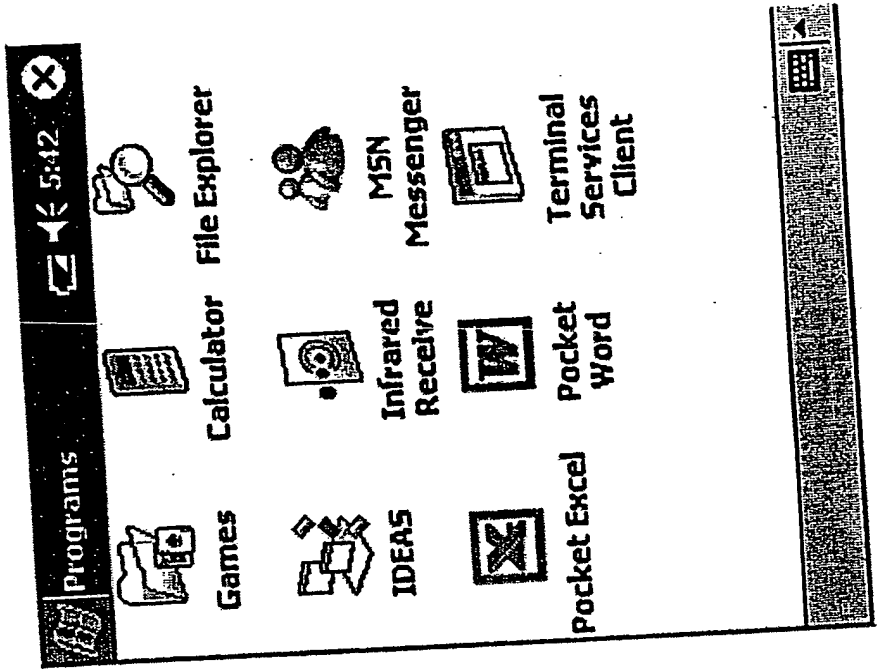


Figure 3

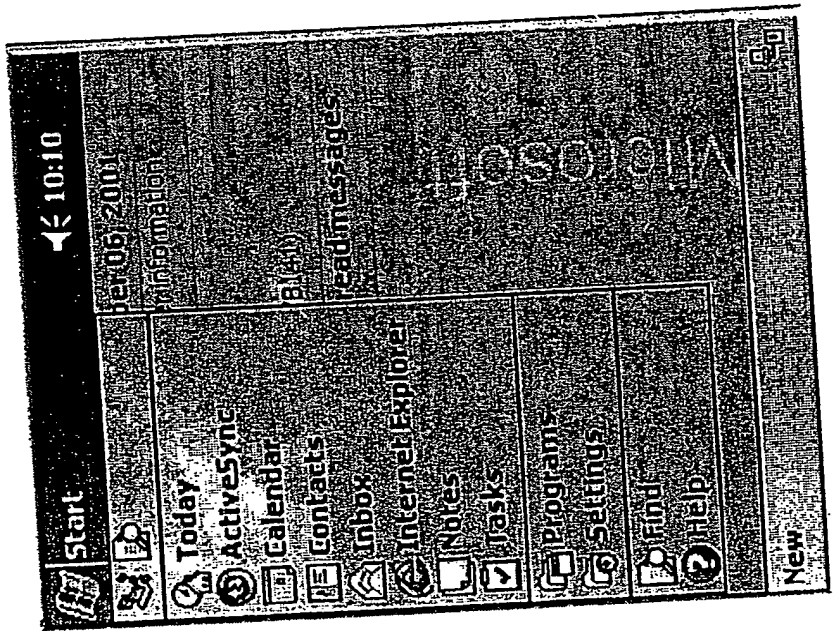


Figure 2

Figure 4

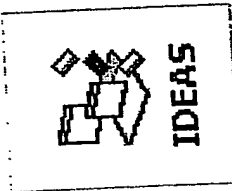
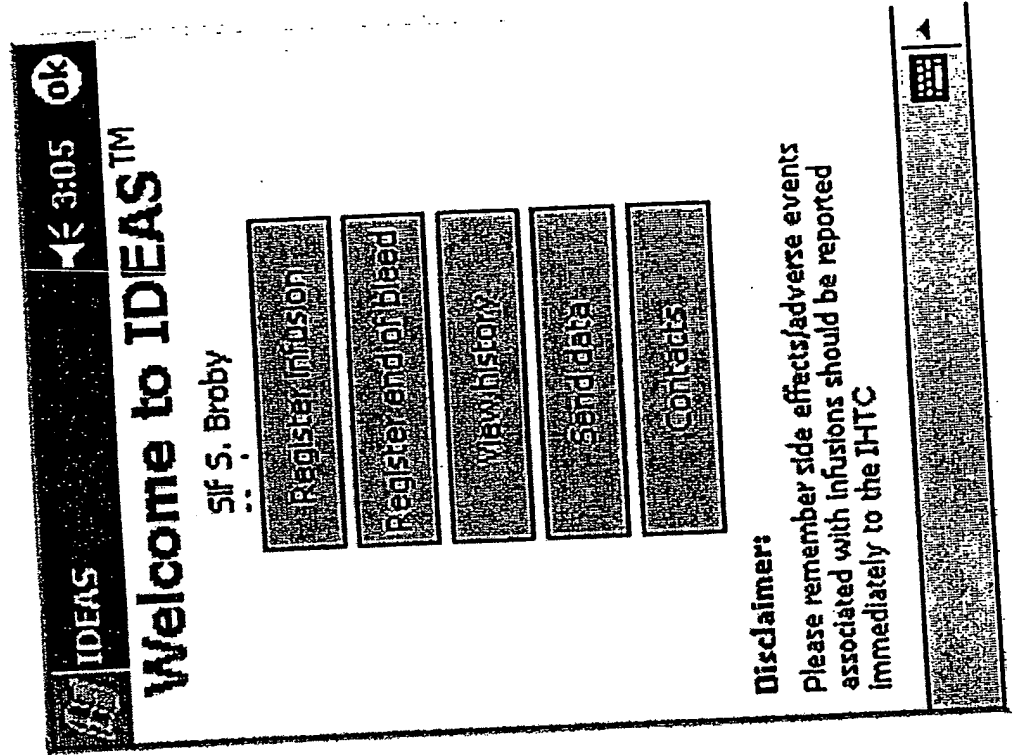


Figure 5

**Register infusion** 3:44

To register the infusion please enter required data:

Date: December 2001

S	M	T	W	T	F	S
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Time: 12:00:00 PM

Register medical data:

Scan barcode or Enter manually

Cancel

Figure 6

**Scan barcode** 3:07

Please scan the barcode number:

Add

Please scan barcode

Delete Cancel OK

Figure 7

Scan barcode

3:09

Please scan next barcode number:

Add

Product	Dose & Unit
Test Product	3.2 mg

Delete

Cancel

OK

Please scan barcode

Figure 8

Enter manually

10:36

Please enter the barcode number:

Add

123	1	2	3	4	5	6	7	8	9	0	-	=	←
Tab	q	w	e	r	t	y	u	i	o	p	[	]	
CAP	a	s	d	f	g	h	j	k	l	;	'		
Shift	z	x	c	v	b	n	m	,	.	/			→
Ctl	Alt	U									↓	↑	←
													→

Figure 9

Reason for infusion
< 3:11
X

You have now successfully entered the required medical data.

**Please select the reason for infusion:**

I'm bleeding:

New
Follow-up

It's prior to:

Sport
Physical therapy

It's a follow-up to:

Outpatient procedure, surgery or dental  
Outpatient procedure, surgery or dental, sport or physical therapy  
Discharge from hospital

Or:

Other
Prophylaxis
Immune tolerance

Figure 10

Follow-up outpatient pt
< 3:58
X


Please select an infusion to follow-up on:

**Notice:**  
If you have experienced any bleedings, you must register the episode. Please go to All bleedings.

Cancel

OK

Figure 11

 Prophylaxis

Have you experienced any episode of bleeding since last infusion?

Yes

No

Cancel





Figure 12

 Immune Tolerance

Have you experienced any episode of bleeding since last infusion?


Yes

No

You have experienced a bleeding episode. If not yet registered, please answer questions about the episode now!




OK, register the bleeding

No, the bleeding is registered





### Figure 13

**Register all bleeding**   2:01 

To register the bleeding episode, please answer the following questions:

Did you take any prior infusions?  
☐ Yes ☒ No

Time from bleed start to infusion:

Injury related:  
☐ Yes ☒ No

Bleeding Intensity:  
☐ Usual ☒ Advanced

Please specify the location of the bleeding:

**Figure 14**

Figure 15

**Indicate bleedings** 3:24 X

Show front Show back

Please indicate on the figure where you are bleeding:

OK, add more  
OK, continue  
Cancel

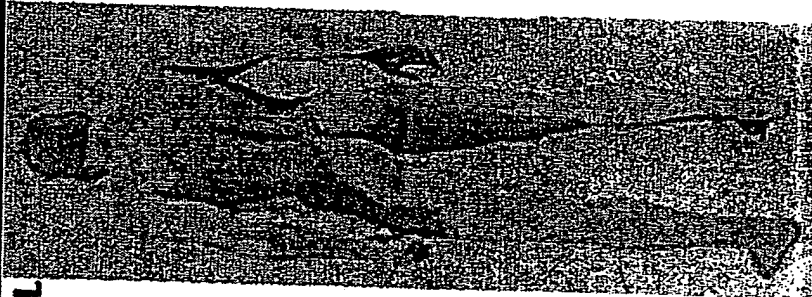


Figure 16

**Specify response to** 2:56 X

Please register your response to the infusion:

☒ Can't answer now ☐ Good  
☐ Fair ☐ Poor

OK

Figure 17

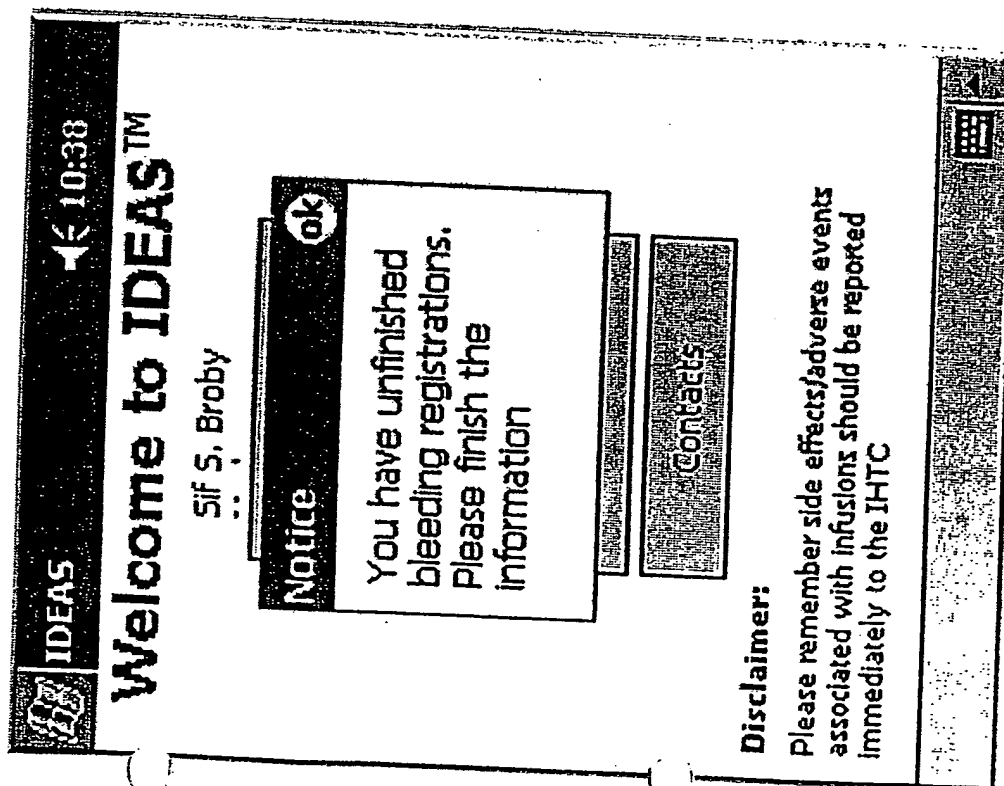
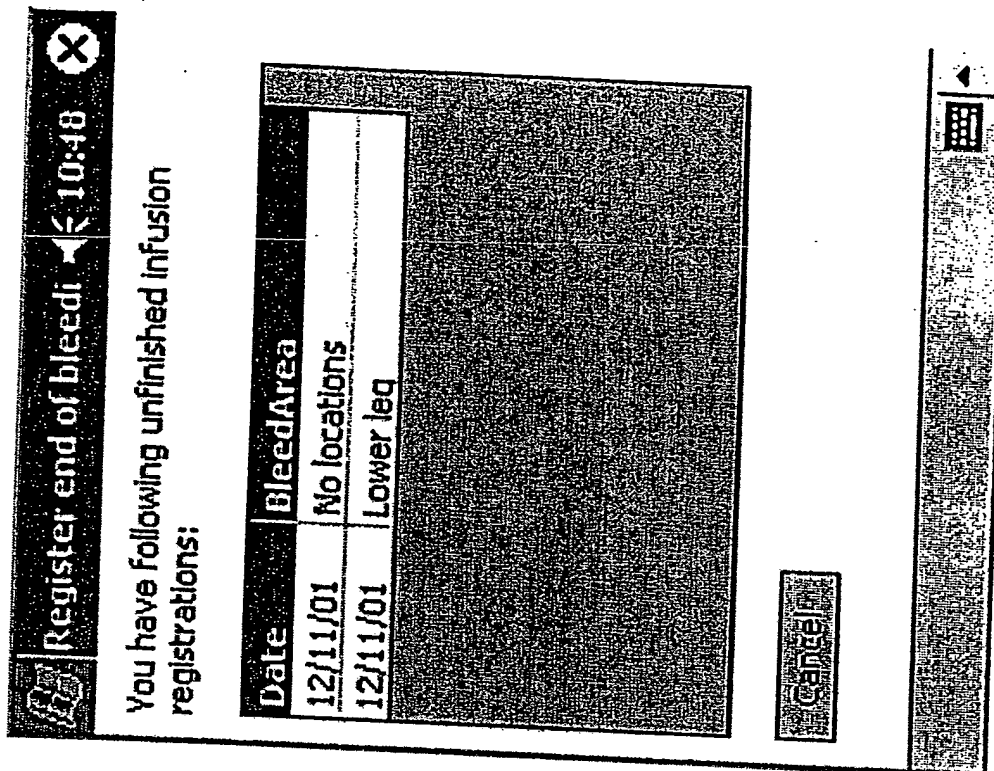


Figure 18



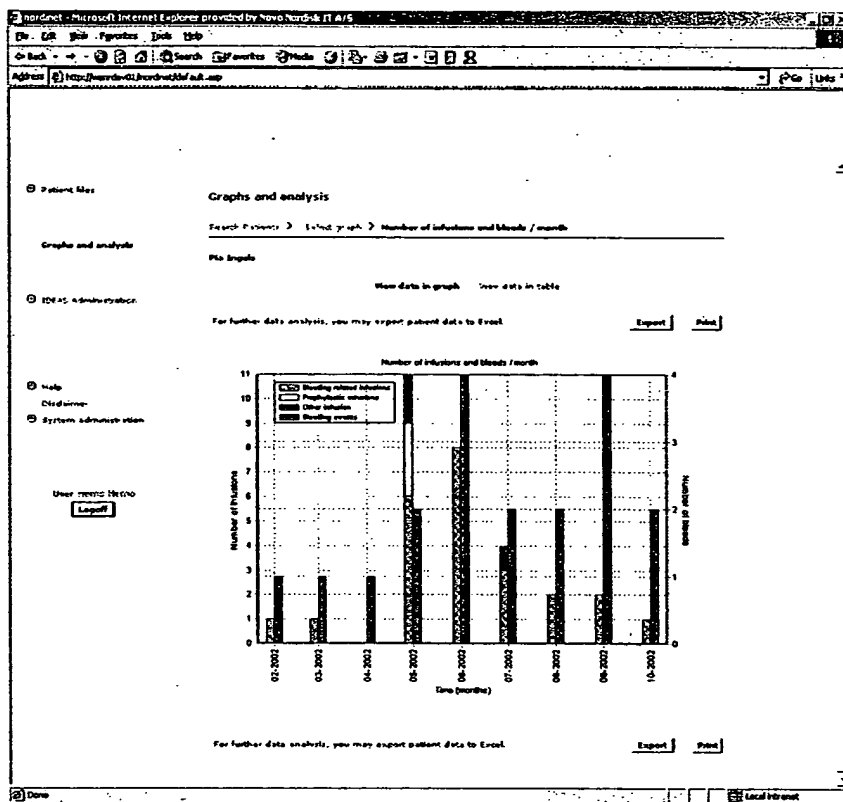


Figure 19

**Infusion details**

**Date:** 07/16/2002

**Time:** 10:00 PM

**Product:** BENEFIX

**Dose:** 8000

**Unit:** IU

**Reason for infusion:**

New bleeding

**Response to the infusion:**

Poor, the bleeding did not stop

**Time from bleed start to infusion:** 0-1 hours

Figure 20

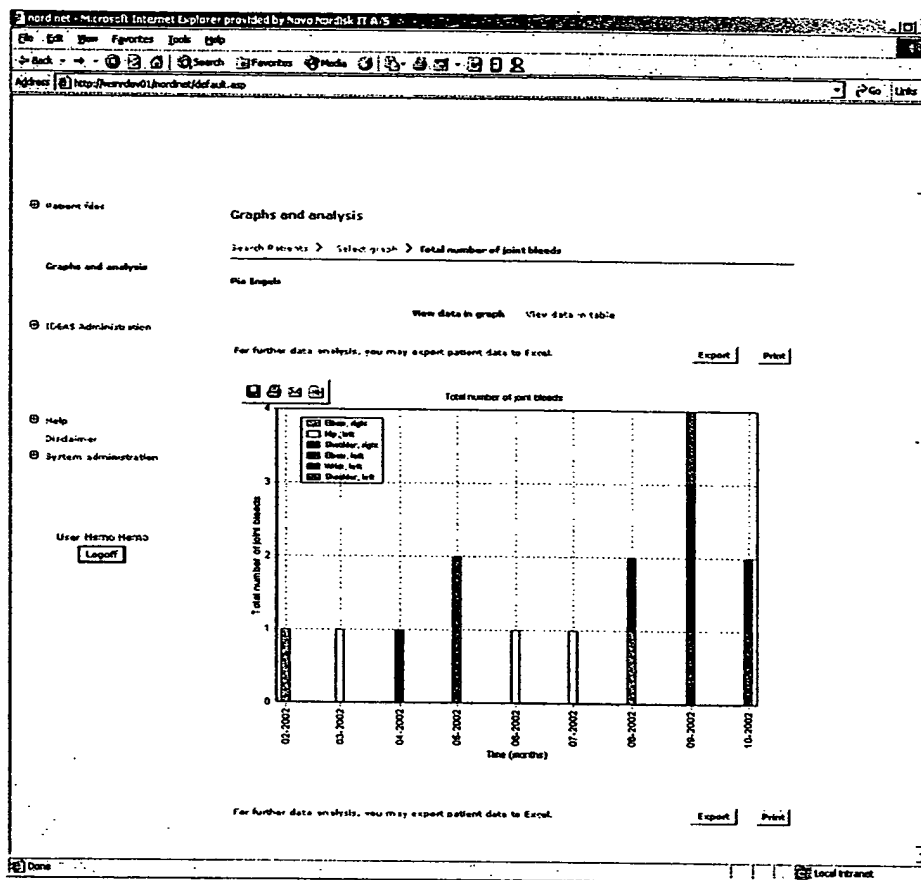


Figure 21

IDEAS Log in 11:39 X

Welcome to  
**HemoNet™ IDEAS**

Please select your user name,  
and enter password.

User name  
Jason

Password  
\*\*\*\*\*

OK

123	1	2	3	4	5	6	7	8	9	0	-	=	←
Tab	q	w	e	r	t	y	u	i	o	p	[	]	
CAP	a	s	d	f	g	h	j	k	l	;	'		
Shift	z	x	c	v	b	n	m	,	.	/	↵		
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New

Figure 22

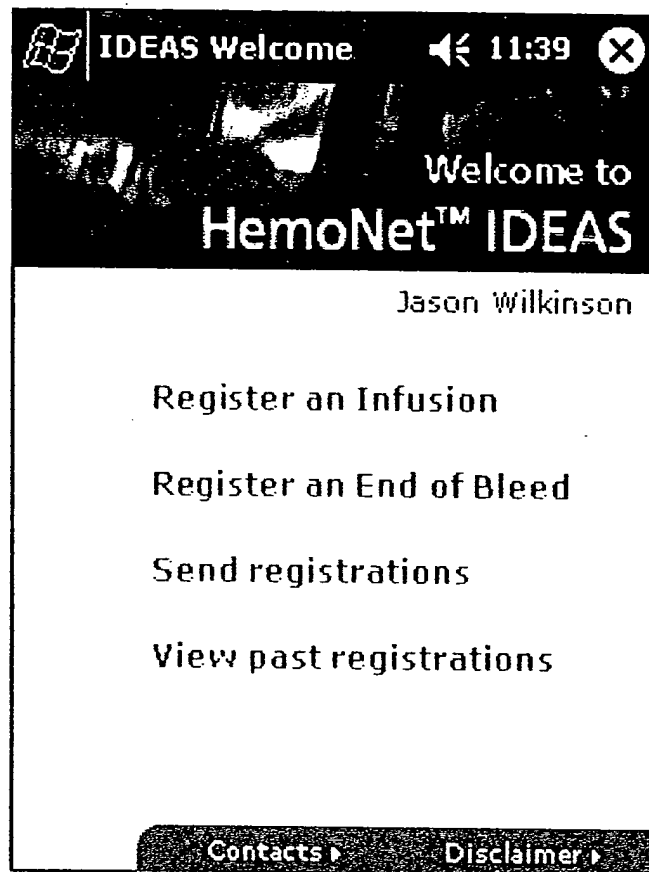



Figure 23



 IDEAS Reason for ... 11:39 X

**Please select the reason for infusion.**

**Im Bleeding:**  
New  
Follow up

---

**It's prior to:**  
Sport  
Physical Therapy  
Outpatient Procedure, Surgery  
or Dental

---

**It's a follow up to:**  
Outpatient Procedure, Surgery  
Dental, Sport or Physical Therapy  
Discharge from Hospital

---

**Or:**  
Immune Tolerance  
Prophylaxis  
Other

Figure 24



To enter a new bleed, please answer the following.

Injury related?

☒ Yes

☐ No

Bleeding intensity?

☒ Usual

☐ Advanced

Time from start bleed to first infusion

0-1 hours	▼
0-1 hours	
1-3 hours	
3-6 hours	
6-12 hours	
>12 hours	

Next

Figure 25

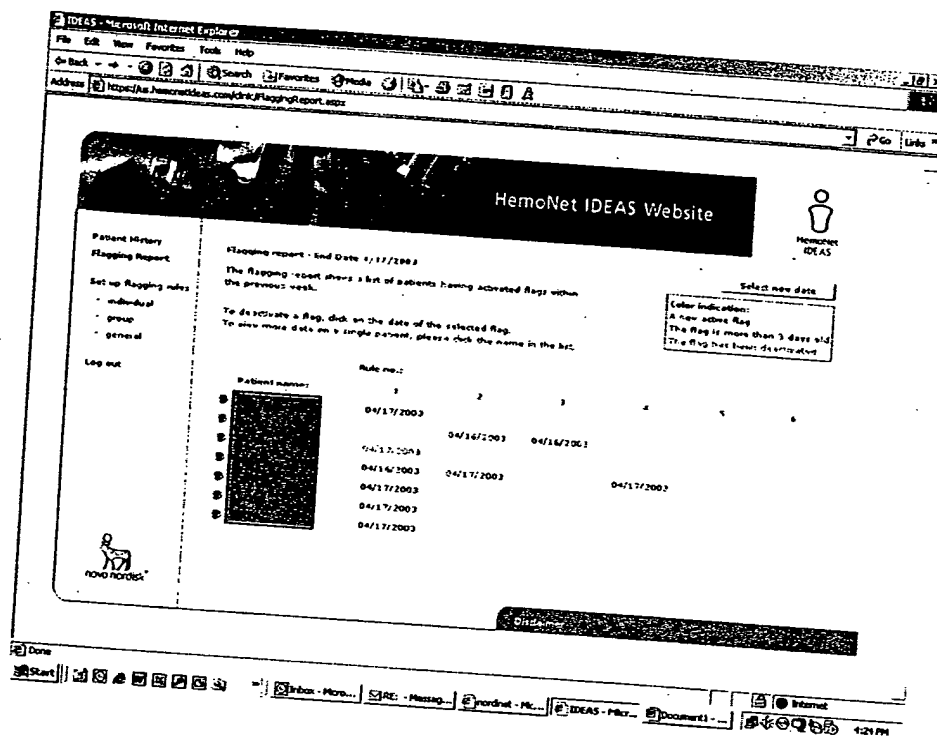


Figure 26

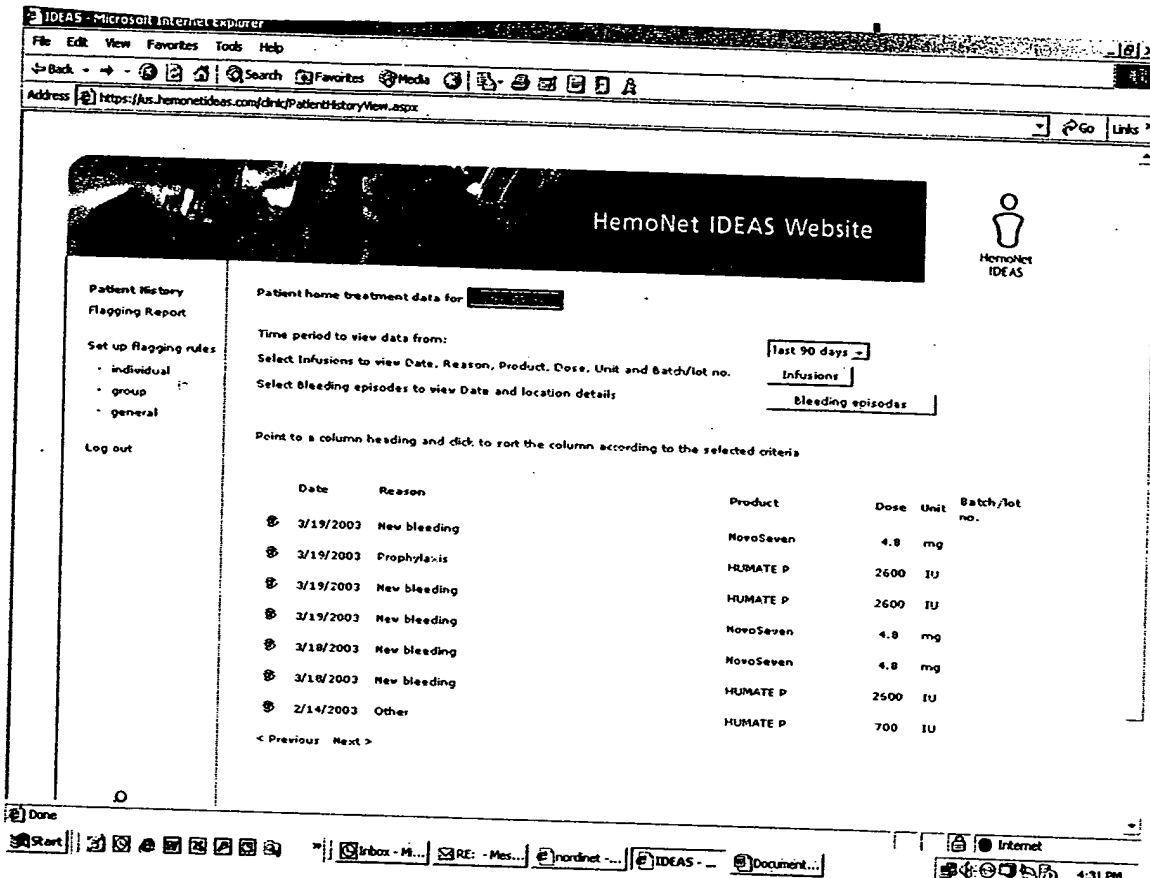


Fig 27

Figure 27

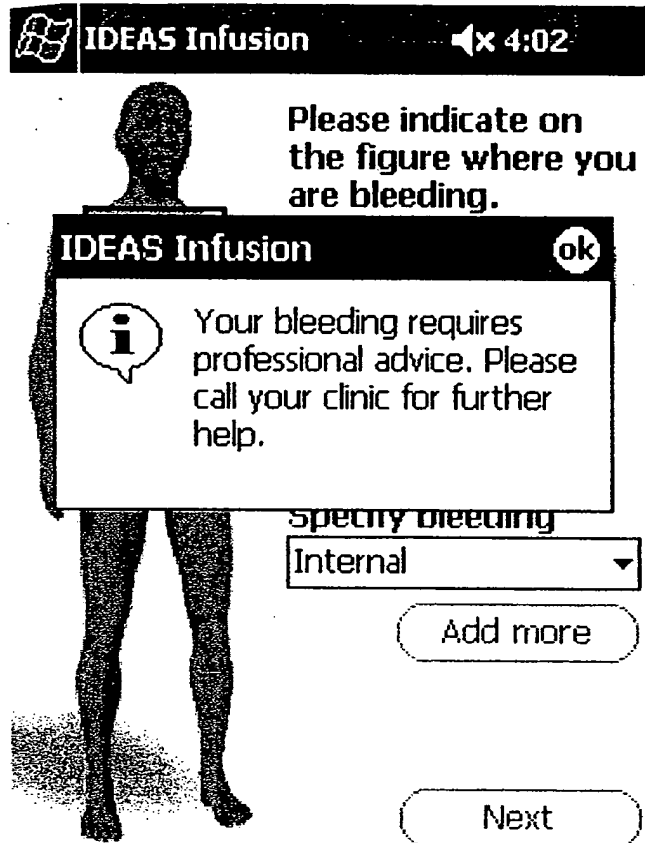


Figure 28

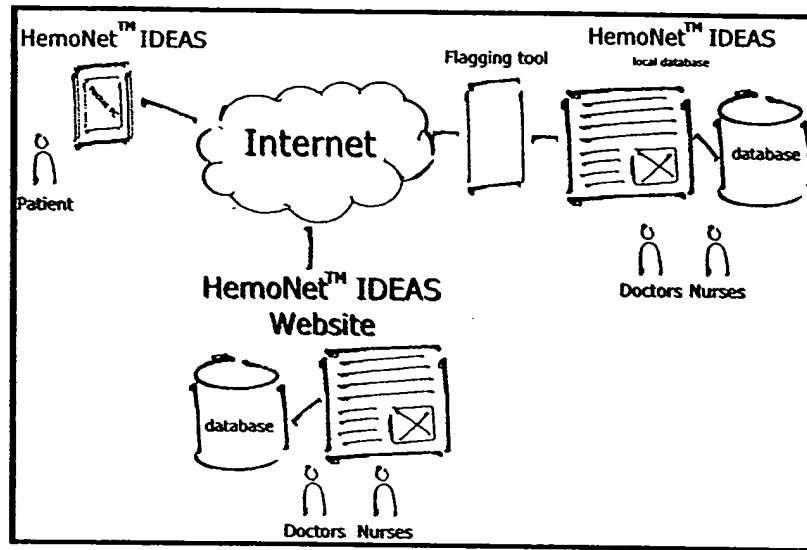


Figure 29